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Substitute for form 1449/PTO				Complete if Known			
(Revised 07/2007)		Application Number	10/684,893				
INEOD	INFORMATION DISCLOSURE		Filing Date	October 14, 2003			
STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	J. Milton Harris		
				Art Unit	1616		
				Examiner Name	Abigail Fisher		
Sheet	1	of	1	Attorney Docket Number	044646/262893		

	U. S. PATENT DOCUMENTS						
Examiner Initials*	Cite No.	<u>Document Number</u> Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear		

		FOREI	GN PATENT D	OCUMENTS		
Examiner Initials*	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	English Language Translation Attached
	50	WO 94/03155	02-17-1994	The General Hospital Corporation		
	51	WO 97/22371	06-26-1997	Collagen Corporation		

	OTHER DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached		

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /A.F./

Examiner Signature	/Abigail Fisher/	Date Considered	01/11/2010	
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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.